Application or Docket Number

Ellective December 0, 2004									10/5/5264			
	•	CLAIMS	AS FILED - F				SMALL ENTITY TYPE				THER THAN ALL ENTITY	
U.S	. NATIONAL :	STAGE FEES	(Column 1)		(Column 2)		7	RATE	FEE]	RATE	FEE
BASIC FEE			 					BASIC FEE		OP	BASIC FEE	
EXAMINATION FEE							1	EXAM. FEE		~ ``	EXAM. FEE	300
SEARCH FEE			<u> </u>				1	SEARCH FEE			ļ — — — — — — — — — — — — — — — — — — —	200
FEE FOR EXTRA SPEC. PGS.			minus	ninus 100 =		/ 50 =	+				SEARCH FEE	400
TOTAL CHARGEABLE CLAIMS			! 00				-	X \$ 125 =			X \$ 250 =	· · · · · · · · · · · · · · · · · · ·
INDEPENDENT CLAIMS			minus 2 =				-	X \$ 25 =	·	OR	X \$ 50 =	
MULTIPLE DEPENDENT CLAIM PRE			minus 3 = *		*	<u> </u>	4	X \$ 100 =		OR	X \$ 200 =	200
								+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL .	1100
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS I RIGHEST								SMALL EI	УТІТУ	OR	OTHER I	ГНАН
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	<u> </u> *	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	SENTATION OF N	MULTIPLE DEPEN	NDENT C	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
						1		TOTAL ADDIT. FFF		OR	TOTAL ADDIT.	
		(Column 1)		(Colum	nn 2)	(Column 3)						
S		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	k-k-		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus '	k##.		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+ \$ 180 =		OR	+ \$ 360 =	
			<u> </u>				. I	TÖTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF	
	te di -					•						
**	If the "Highest Nu If the "Highest Nu	umber Previously Pa umber Previously Pa	le entry in column 2, lid For' IN THIS SPA lid For'' IN THIS SPA d For'' (Total or Indep	CE is less	than '20 than '3'	0', enter "20". , enter "3".	d in th	e appropriate box	in column 1			

FORM PTO-875 (Rev. 02/2005)

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